STATE OF CALIFORNIA See Instructions In the Privacy Settlement on Reverse Sid TRAVELET REPRESENTATION OF THE PRIVACY OF THE										se Side	BK Trip? O YES. O No				
TRAVEL EXPENSE CLAIM Traveler ID Unit Code STAFF											age	_ of	Pages		
CLAIMANT'S NAME. Fise Karen Baker 20		g 190a1	Year 3-2009	2008TEC1756		269	ssn or employee number* 269-52-5702					ARTMENT PR	7. ***		
Secretary of Volunteering and				CB/ID NO.: EXEMPT			California Volunteers						PCA # 11200		
residence address ^a 971 Castec Dr.							HEADOLIAPTERS ADDRESS 1110 K Street Suite 210						ТЕLЕРНО 916-32	NE NUMBER 3-7646	
CITY STATE			ZIP CODE 95864		CITY Sacramento				state CA						
Sacramento (1) MONTH/YEAR (3)		(3)	CA (4)												
Sep 2009		LOCATION	(4)	(5)	MEALS	<u> </u>	(6)	(7) (A)	(B)	NSPORTA (C)	(D)		(8)	(9)	
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT-	COST OF TRANS.	TYPE	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
												\$0.00		\$0.00	
9/9	500 1745	Sac/Los Angeles/Sac						\$307.20		\$9.00	36	\$19.80		\$336.00	
	_											\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
		· · · · · · · · · · · · · · · · · · ·				<u> </u>		P 13 1		7 - 12		\$0.00		\$0.00	
								<u> </u>		/ <u></u>		\$0.00		\$0.00	
						al-may methods		SEP 2 1	20	09		\$0.00		\$0.00	
							OFFICE	JE P LANTIN	5 &	TESEARC		\$0.00		\$0.00	
							ADN	INISTRATIVI	. SEI	VICES		\$0.00		\$0.00	
	~											\$0.00		\$0.00	
	-											\$0.00		\$0.00	
(10)	_[\$0.00		\$0 	
SUBTOTALS						1.5	\$307.20		\$9.00	\$36	19.8		\$336.00		
<u> </u>	COLUMN CODE (ACCTG. USE ONLY) CLAIM											\$	\$3	336.00	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											/12)	NOBWAL WOL	SK HULIBE		
Califo	CaliforniaVolunteers Business Partners Program Kick-off Meeting ——											(13) PRIVATE VEHICLE LICENSE NUMBER			
4	49.00 parking receipt-missing											4ybd289 (14) MILEAGE RATE CLAIMED			
	——————————————————————————————————————										AGENCY ACCOUNTING OFFICE				
												USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
THEREBY	THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.											\$0.55			
privately of claimed, a	owned vehi	cle was used, and if mileage rates exceed ave met the requirements as prescribed b	the minimum rat y SAM Sections (te, I certify tha 0750, 0751, 0	at the cost of o	perating the v	ehicle was eq ing to vehicle	ual to or greate safety and sea	r than t it belt u	the rate sage.			2.17		
XK	VIANT'S SI	Full		DATE 18	109	L'A	MATURE OF	b. C	<u>Ja</u>	He.	AND PA	AYMENT	1-21	'09	
(1) SPEC	IAL EXPE	NSE AUTHORIZATION - SIGNATURE an	d TITLE (See Ite	em 17 on reve	erse)				\mathcal{J}				DATE		